

DISABILITY CLAIMS WORKSHEET - I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER
 71543 100606 OH 57645

NAME: KEARNEY,
 ADDRESS:

DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/ SUSPICION OF DISC INVOL
 AGE: 40 DATE OF BIRTH: SEX: M OCC: 3 LIMITED: YES
 INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/90 BY:
 REINSTATEMENT DATE: 1/12/95 PAID TO DATE: 06/28/93 DATE: 06/15/93
 MONTHLY INDEMNITY: 1250.00 LESS FICA:
 58 625.00 LESS F.I.I.:
 ELIMINATION PERIOD: 90 INDEMNITY PERIOD: age 65
 WAIVER OF PREMIUM DATE: 5/5/93
 REMARKS: MT 2/25 Col 4 29

Residual 55.675 20% to 75% 50% 6mo

DATE "HIS OCC.": 1/1 DATE BENEFITS TERMINATE: 6/1/93
 REINSURANCE: YES NO

CA.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 05-10-93				JUL 22 1993	
	To 07-10-93	60	2750.00	P	06/15/93	X
	Fr. 07-06-93				SEP 03 1993	
	To 08-06-93	30	2750.00	P		
	Fr. 05-06-93				SEP 03 1993	
	To 07-06-93	30	357.50	P		
	Fr. 08-06-93				SEP 14 1993	
	To 09-06-93	30	2750.00	P		
	Fr. 09-06-93				OCT 19 1993	
	To 10-01-93	25	1145.03	P		
	Fr. 10-01-93				NOV 16 1993	
	To 11-01-93	30	2750.00	P		
	Fr. 11-01-93				DEC 03 1993	
	To 12-01-93	30	2750.00	P		
	Fr. 12-01-93				JAN 10 1994	
	To 01-01-94	30	2750.00	P		
	Fr. 01-01-94				FEB 09 1994	
	To 02-01-94	30	2150.00	P		
	Fr. 02-01-94				MAR 31 1994	
	To 03-01-94	60	5500.00	F		
	Fr. 04-01-94				FEB 07 1995	
	To 05-01-94	30	19,250.00	P		
	Fr. 05-01-94					
	To 06-01-94	60	5500.00	P	FEB 17 1995	
	Fr. 06-01-94				MAR 08 1995	
	To 07-01-94	60	5500.00	P		
	Fr. 07-01-94				MAY 04 1995	
	To 08-01-94	60	5500.00	P		
	Fr. 08-01-94				JUN 12 1995	
	To 09-01-94	30	2150.00	P		
	Fr. 09-01-94					
	To 10-01-94	30	2150.00	P		

15503.33

